

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Fillands CAMBRIDGE ELECTION COMMISSION

2006 FEB -8 A 9: 52 File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Month 05 Ø5 **Ending** 12 Reporting Period Beginning ĺD Type of report: (Check one) Evear-end report dissolution ☐30 day after election ☐8th day preceding election ☐8th day preceding preliminary Committee to Elect Richard Hording ICHARD HARDING Committee Name Full Name of Candidate (if applicable) CAMBRIDGE SCHOOL COMMETTEE Name of Committee Treasurer Office Sought and District D. Box 39/321 CAMBRIDGG, MA 62/39 187 WZINDSOIR STO CAMBRIDGG, MA DUBG Committee Mailing Address Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: 4985.37 Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) 100 Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used CITIZEN'S Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filling separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate signature (in ink) Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	-			
	:			
	0			
	/ (/C 126))		
•				
		•		
	V			
				·
Line 9: T	Total receipts in excess of \$50 (or listed above)	4700	06	
Line 10: T	Total receipts \$50 and under* (not listed above)	0	00	
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD	4700	60	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2 above.

Address 675 Mass. Ave 84 Columbia St. P.O. Box 172/1958 Broadw 872 Mass Ave.	City Cambridge Cambridge Cambridge Raynham Cambridge	State Z Ma Ma Ma	ip Occupation 2139 Real Estate 02139 02767 * 02139 *	Employer Self Employed	Amount 200 150 200 200 250
72 Grozier Rd.	Cambridge	Ma	2138) ; ;	10
321A Western Ave	Cambridge	<u> </u>	2130 Nestaladilledi 02139	self employed	20 -
139 Youle St.	Melrose	Ma	02176	-	7
26 Mount Vernon St.	Cambridge	Ma	02140		C T1
2 James Way	Cambridge	Ma	02141		(J)
175 Chestnut St.	Cambridge	Ma	02139		O1
96 Park Ave	Arlinginton	Ma	02474		Ω 1
621 46th St. NW	Canton	유	44700 Doctor	*	
L)			44/08 じつごう		50
187 Windsor St.	Cambridge Ma	Ma Ma	02139 Coordinator	Camb Health Alliance	50 160
187 Windsor St. 40 Essex St		Ma Ma		Camb Health Alliance	50 160 25
187 Windsor St. 40 Essex St 20 Egmont St. # 6		Ma Ma	02139 Coordinator 02139 02139 02446	Camb Health Alliance *	160 25
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St.				Camb Health Alliance *	160 160 25
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St. 655 Concord Ave		Ma Ma Ma		Camb Health Alliance *	160 250 550
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St. 655 Concord Ave 124 Western Ave				Camb Health Alliance *	160 250 50 50 50
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St. 655 Concord Ave 124 Western Ave 20 Edgmont St. #6				Camb Health Alliance *	160 250 20 20
Jacqueline King 40 Essex St David Lammers 20 Egmont St. # 6 Nancy Murray 204 Erie St. Ray Shurtleff 655 Concord Ave Andrew Spears 124 Western Ave David Summers 20 Edgmont St. #6 Bridge and Structural Iron Workers L 195 Old Colony Ave.				Camb Health Alliance *	160 250 50 50 50 50 70
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St. 655 Concord Ave 124 Western Ave 20 Edgmont St. #6 s l 195 Old Colony Ave. 22 Floral Ave				Camb Health Alliance *	160 250 20 20 20 20
187 Windsor St. 40 Essex St 20 Egmont St. # 6 204 Erie St. 655 Concord Ave 124 Western Ave 20 Edgmont St. #6 s l 195 Old Colony Ave. 22 Floral Ave 701 Concord Ave				Camb Health Alliance *	500 1600 250 50 50 50 100 2200
	Address 675 Mass. Ave 84 Columbia St. P.O. Box 172/1958 Broadw 872 Mass Ave. 72 Grozier Rd. 50 Foster Street 321A Western Ave 139 Youle St. 26 Mount Vernon St. 2 James Way 175 Chestnut St. 96 Park Ave 621 46th St. NW	ss. Ave mbia St. x 172/1958 Broadwa x 172/1958 Broadwa ss Ave. ier Rd. er Street estern Ave ele St. it Vernon St. Way sstnut St. Ave Ave St. NW	Sc. Ave Cambridge Ma Cambridge Ma Cambridge Ma x 172/1958 Broadwa Raynham Sc. Ave. Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Arlinginton Cambridge Ma Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma Cambridge Ave Arlinginton Cambridge Ma	City State Zipos. Ave Cambridge Ma Cambridge Ma Ox 172/1958 Broadwa Raynham Ma Ox 172/1958 Br	Ss. Ave Cambridge Ma 2139 Real Estate Self Employed mbia St. Cambridge Ma 02139 Real Estate Self Employed mbia St. Cambridge Ma 02139 Real Estate Self Employed mbia St. Cambridge Ma 02767 * Cambridge Ma 02139 * Street Cambridge Ma 2138 Restaraunteur Self Employed estern Ave Cambridge Ma 02139 Self Employed estern Ave Cambridge Ma 02139 Self Employed self St. Melrose Ma 02140 Restaraunteur Self Employed May 02140 Cambridge Ma 02141 Sthut St. Cambridge Ma 02139 Restaraunteur Self Employed May 02140 Cambridge Ma 02141 Cambridge Ma 02139 Restaraunteur Self Employed May 02140 Cambridge Ma 02141 Cambridge Ma 02139 Restaraunteur Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02139 Restaraunteur Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02141 Cambridge Ma 02139 Real Estate Self Employed Nativernon St. Cambridge Ma 02141 Cambridge Ma 02

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

umber on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt

			(3)		
	(LE ZIY			
			·		
·					
	and the second seco				
	-				
		Line 12:	Expenditures over \$50	9524	31
			Expenditures \$50 and under*		
1	Enter on page 1, line 4		TOTAL EXPENDITURES	9524	31

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

Schedule B -- Expenditures

10/31/05 Murdock Mail	11/8/05 Moacir Barbosa	11/4/05 Moacir Barbosa	10/26/05 Moacir Barbosa	12/29/05 John Gannon	11/26/05 Jefferson Barros	11/2/05 Grenier Print Shop	10/25/05 Grenier Print Shop	11/21/05 Alexis Harding	10/26/05 Alexis Harding	Date Vendor
65 Sprague St., Hyde Park, Ma	35 Pine Street, Cambridge, Ma	35 Pine Street, Cambridge, Ma	34 Pine Street, Cambridge, Ma	93 Highland Ave, Somerville, Ma	212 Newtone Court, Cambridge, Ma	3704 Washington St., Jamaica Plain, Ma	3704 Washington St., Jamaica Plain, Ma	187 Windsor St., Cambridge, Ma	187 Windsor St., Cambridge, Ma	Address
Mail house	Reimbursement	Election Day	Storage, Misc.	Legal/Recount	Post Election Support	Printing	Printing	Campaign Manager	Reimbursement	Expenditure
275 2837	124	300	210	1500	75	1732.5	294	900	1276.81	Amount

total

9524.31

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			·	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
2001	JOHN GANNON	93 HRUHLAND AVE SOMENEUL, MA	Recont	35000
2003	RICHARD HARDENCE	187 WINDSON SE MA	LOAN TO CAMPARON	200006
2005	RELITARD HARDENE	187 WENDSON SI CAMB,	LOAN TO CAMPAREA	1,600 .00
		-		
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1
				7,100.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



	Municipal Form Disclosure of Assets Statement Office of Campaign and Political Finance	
Commonwealth of Massachusetts		
File with: City or Town Clerk or Election Commission		CPF ID#

rile with: City of Town Clerk of Election Commiss	ion		CPF ID#	· ‡
This form should be filed by	all candidates	and committees with each	n year end and each diss	solution report.
Committee Name: Committee	to Elec	of Rochal Heal	Date of re	eport: 1/23/06
. All car	ndidates and co	ommittees must fill in Pa	art A <u>or</u> Part B.	•
Part A:			•	
No assets* were acquired or disp	osed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B: <u>Assets acquired:</u> List all assets acquired have filed, list all assets.	•			W.
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
•				
Assets disposed of: List all assets so	ld, traded or tra	nsferred during the repor	ting period covered by	this statement.
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.
·				
Assets acquired by a political committee mu of that committee. Assets may be disposed of	st be used for the of at any time, but	political purpose for which the must be disposed of prior to co	e committee is organized ar dissolution.	nd must remain the proper
*An asset is defined as any one item that ha a cost/value of \$1,000 or more at the time of		nore than one year, would be	depreciable in a normal bus	siness environment, and ha
Signed under the penalties of perjury	<i>i</i>	Sign	ned under the penalties of p	erjury:
Candidate signature Date	<u> </u>		Mrs. C. B.	M 1/23/05 Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.